

MICHIGAN DEPARTMENT OF CORRECTIONS POLICY DIRECTIVE		EFFECTIVE DATE 01/09/2023	NUMBER 03.04.100
SUBJECT HEALTH SERVICES		SUPERSEDES 03.04.100 (09/05/2022)	
		AUTHORITY MCL 770.16, MCL 791.203, MCL 791.233d, MCL 791.267(2), MCL 330.1001 et. seq.; The Prison Rape Elimination Act of 2003	
		PAGE 1	OF 13

POLICY STATEMENT:

Prisoners shall be provided with a continuum of medically necessary health care services that are supported by evidence-based medical research.

RELATED POLICIES:

03.03.140	Sexual Abuse and Sexual Harassment of Prisoners - Prison Rape Elimination Act (PREA)
03.04.101	Prisoner Health Care Copayment
03.04.105	Informed Consent to Medical Care
03.04.110	Control of Communicable Diseases
03.04.120	Control of Communicable Bloodborne Diseases

POLICY:

DEFINITIONS

A. Types of Conditions:

1. Emergent: A condition that a delay in treatment may result in death or permanent impairment.
2. Urgent: A condition that is not likely to cause death or irreparable harm if not treated immediately. However, the condition needs to be treated as soon as possible.
3. Routine: A condition that requires non-urgent, non-emergent health care contact with a prisoner, including screening, chronic disease follow-up, and requests for elective treatment and surgeries.

B. DELIVERY MODELS:

1. Integrated Care: The systematic coordination of general and behavioral health care, delivered through a multidisciplinary team. The development and implementation of the health plan shall include primary care, behavioral health, mental health, nursing, scheduling, medical records, custody, dental, and dietary, as appropriate, utilizing a case management model, so that all disciplines are engaged in the care of the patient.
2. Collaborative Care: A specific type of integrated care developed for persistent mental health conditions, based on principles of effective chronic illness care. The core principles include patient-centered team care, population-based care, measurement-based treatment to target evidence-based care, and accountable care.
3. Chronic Care: Medical care that addresses persistent or long-term health conditions. Chronic disease management shall be delivered in an integrated, coordinated care model, and shall include health condition screening, routine follow-up, outcome monitoring, and patient education. The Michigan Department of Corrections (MDOC) shall identify quality improvement targets annually, such as diabetes mellitus, hypertension and other cardiovascular diseases, asthma, human immunodeficiency virus (HIV), and hepatitis.
4. Risk Stratification: A formal standardized metric to predict the likelihood that a person will have specific health outcomes and is used in conjunction with chronic care models to help prioritize clinical workflow, reduce system waste, and create financially efficient population management programs.

DOCUMENT TYPE POLICY DIRECTIVE	EFFECTIVE DATE 01/09/2023	NUMBER 03.04.100	PAGE 2 OF 13
-----------------------------------	------------------------------	---------------------	--------------

- C. Medical Provider: A qualified health professional who is a Physician, Physician Assistant, or Nurse Practitioner licensed to practice in the State of Michigan.
- D. Prisoner Health Record (PHR): All information recorded in electronic form, paper form, or any other medium that pertains to a prisoner's mental and/or physical health care, history, diagnosis, prognosis, or condition that is maintained by the Michigan Department of Corrections (MDOC).
- E. Qualified Health Professional (QHP): A Physician, Psychiatrist, Nurse Practitioner, Physician Assistant, Psychologist, Social Worker, Licensed Professional Counselor, Dentist, Registered Dental Hygienist, or Registered Nurse who is licensed and registered/certified by the State of Michigan to practice within the scope of their training.
- F. Qualified Mental Health Professional (QMHP): A Physician, Psychiatrist, Nurse Practitioner, Physician Assistant, Psychologist, Social Worker, Licensed Professional Counselor, or Registered Nurse who meets the requirements set forth in MCL 330.1100b and is trained and experienced in the areas of mental illness or mental disabilities.

GENERAL INFORMATION

- G. For purposes of this policy "prisoner" includes parolees and probationers in MDOC operated facilities and contracted correctional facilities where health care is provided by the MDOC.
- H. All prisoners shall have access to health services as described in this policy, regardless of custody level or security classification. A prisoner whose health care needs cannot be met at the facility where the prisoner is housed shall be transferred to a facility where those needs can be met, consistent with PD 05.01.140 "Prisoner Placement and Transfer."
- I. Prisoners shall be charged a fee for health care services as set forth in PD 03.04.101 "Prisoner Health Care Copayment."
- J. The use of prisoners in medical, pharmaceutical, or cosmetic experiments is prohibited.
- K. Prisoners shall not perform direct patient care, except for authorized care performed by Prisoner Palliative Care Aids and prisoner opticians. Prisoners also shall not schedule medical appointments, determine access to care, handle critical tools or medications, operate diagnostic or therapeutic equipment except for authorized use by prisoner opticians, or have access to information contained in other prisoners' health records. Prisoners may handle their own medications and injections, as appropriate.
- L. Health care services identified by the BHCS Administrator may be provided to prisoners through telemedicine, which is a video conferencing system that allows for video, audio, and data transmission of information between a prisoner and a health care provider. Telemedicine services shall be provided and documented in the prisoner health record. BHCS staff shall inform a prisoner if they will receive telemedicine services. Refusals shall be documented as set forth in PD 03.04.105 "Informed Consent to Medical Care."
- M. All health care interviews, examinations, procedures, and other encounters shall be conducted in a setting that provides for the prisoner's privacy whenever possible, consistent with custody and security controls. A gender-specific examination that requires the assessment of the prisoner's genitals or breasts requires two health care professionals, one of which shall be of the same sex as the prisoner. If two health care professionals are not available, another staff person must accompany the health care professional and must be the same sex as the prisoner. All information regarding health care and treatment provided to a prisoner shall be entered in the appropriate prisoner health record as set forth in PD 03.04.108 "Prisoner Health Information."
- N. Nurse protocols are a written plan in the Prisoner Health Record generated by the Nursing Advisory Committee and used by a Registered Nurse (RN) specifying the sequence or steps to be taken to evaluate and treat patients.
- O. Standing orders are medical treatment orders generated and approved by the Chief Medical Officer

DOCUMENT TYPE POLICY DIRECTIVE	EFFECTIVE DATE 01/09/2023	NUMBER 03.04.100	PAGE 3 OF 13
-----------------------------------	------------------------------	---------------------	--------------

(CMO) authorizing the RN to administer and/or provide treatment, labs, or medications when a patient meets a specific clinical situation. Standing orders assist RNs in improving a patient's timely access to medication and treatment if they meet specific medical indications. The RN always has the option of contacting the Medical Provider for direction rather than utilizing a standing order. If the RN follows the standing order, they must follow the whole order.

- P. Medical and Mental Health Staff are required to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse, sexual harassment, or other significant rule violation. All QHPs and QMHPs shall inform prisoners, at the initiation of services, of the practitioner's duty to report and that confidentiality is limited.
- Q. QHPs and QMHPs shall obtain informed consent from prisoners before reporting information about prior sexual victimization that did not occur in an institutional setting unless the prisoner is under the age of 18.

ORGANIZATION

- R. BHCS shall be responsible for the Department's health services program, including coordinating and monitoring all health care services. Services shall be provided under the direction of the BHCS Administrator, in consultation with the CMO and/or Assistant Chief Medical Officers (ACMO), as applicable, and shall include medical, nursing, dental, psychiatric, psychological, and ancillary services. However, all medical, psychiatric, and dental matters involving medical judgment are the sole province of the responsible physician, physician assistant, nurse practitioner, psychiatrist, or dentist, under the direction of the CMO, as applicable. Licensed and credentialed health care providers shall practice within the limits of applicable laws and regulations.
- S. Health care services may be delivered directly by BHCS and/or through a contracted provider. If delivered by a contracted provider, the provider will be required to comply with all Department policy directives on the delivery of health care services to prisoners, unless specifically exempted by contract. The contract shall be administered by the BHCS Administrator or designee. The delivery of health care services to prisoners shall be monitored under the direction of the CMO, as applicable.
- T. There shall be a Nursing Advisory Committee that shall be chaired by a Director of Nursing (DON). Members shall include selected Licensed Practical Nurses and Registered Nurses, and other medical staff as selected by the DON. The Committee shall be responsible for recommending improvements in the delivery of nursing services, determining and implementing nursing protocol guidelines, developing and implementing pharmacy protocols, and other responsibilities as determined by the BHCS Administrator or CMO.
- U. There shall be a Medical Services Advisory Committee (MSAC) that shall be chaired by the CMO. Members shall be selected by the CMO. The Committee shall be responsible for recommending improvements to the delivery of health care services, developing criteria for care to be provided to prisoners with chronic illness, generating and approving standing orders, and other responsibilities as identified by the BHCS Administrator.
- V. There shall be a Pharmacy and Therapeutics (P&T) committee that shall be chaired by the CMO. Members shall be selected by the CMO. The committee shall be responsible for approving medications to be added to the BHCS uniform formulary, determining the contents of the medication dispensing boxes, monitoring specialty pharmacy utilization, and other responsibilities as identified by the BHCS Administrator.
- W. There shall be a Psychiatric Services Advisory Committee that shall be chaired by the ACMO for Behavioral Health (ACMO-BH) or CMO. Members shall be selected by the ACMO-BH or CMO. The Committee shall be responsible for recommending improvements to the delivery of mental health care services and other responsibilities as identified by the BHCS Administrator.
- X. The Health Unit Manager shall be responsible for the operation of the Health Care clinic, except for issues that require medical judgment. The Health Unit Manager shall meet with the Warden of their facility as often as necessary but at least quarterly regarding the facility's health care delivery system and health environment. The Health Unit Manager shall report immediately to the Warden, the appropriate Assistant Chief Medical Officer (ACMO), DON, and Assistant Health Services Administrator (AHSA) any

DOCUMENT TYPE POLICY DIRECTIVE	EFFECTIVE DATE 01/09/2023	NUMBER 03.04.100	PAGE 4 OF 13
-----------------------------------	------------------------------	---------------------	--------------

condition that poses a danger to the health of staff or prisoners at the facility.

- Y. There shall be a Dental Advisory Board that will be chaired by the Dental Director. Members are selected by the Dental Director or the AHSA and will include a Dentist, Dental Hygienist, and Dental Assistant. The Dental Advisory Board shall be responsible for reviewing and recommending Dental policy, operating procedure, and Dental Services Manual revisions; determining and implementing dental services protocol guidelines, monitoring the provision of BHCS dental services, and providing recommendations related to dental services to the BHCS Administrator.

INTAKE SERVICES

- Z. The prisoner health record shall be established as soon as possible after the prisoner's arrival at a reception facility as set forth in PD 03.04.108 "Prisoner Health Information." Each prisoner received at a reception facility shall be provided a health screening and full health appraisal as set forth below, except as indicated in PD 04.01.105 "Reception Facility Services."
- AA. The following shall be provided to each prisoner as soon as possible but no later than eight hours after arrival at a reception facility:
1. A preliminary health screening, including recording height, weight, vital signs, and skin assessment for communicable conditions such as scabies; and arranging for any needed medical treatment, including medicine renewals and detoxification.
 2. A suicide risk screening as set forth in PD 04.06.115 "Suicidal and Self-Injurious Behavior" and identification of any immediate mental health needs.
 3. An assessment to determine any needs for a therapeutic diet pursuant to PD 04.07.101 "Therapeutic Diet Services."
 4. Tuberculosis (TB) screening, counseling, and education, as set forth in PD 03.04.115 "Control of Tuberculosis in Prisoners."
 5. Information regarding how to access health care services.
- BB. The following shall be completed for each prisoner within 14 calendar days after arrival at a reception facility:
1. Intake laboratory testing as pursuant PD 03.04.120 "Control of Communicable Bloodborne Diseases," including human immunodeficiency virus (HIV), rapid plasma reagin (RPR), and hepatitis screening. A refusal shall be governed by PD 03.04.110 "Control of Communicable Diseases" and PD 03.04.120 "Control of Communicable Bloodborne Diseases."
 2. A comprehensive history and physical examination by a Medical Provider.
 3. A comprehensive health appraisal by an appropriate QHP. This shall include the following:
 - a. Reviewing preliminary health screening conducted pursuant to Paragraph Z.
 - b. All necessary lab tests including intake baseline/screening labs pursuant to MSAC guidelines.
 - c. Appropriate diagnostic procedures and treatment, including for chronic illness.
 - d. Any necessary immunizations.
 - e. Dental screening and examination as set forth in PD 04.06.150 "Dental Services." The screening shall be provided no later than seven calendar days after arrival.
 - f. Mental Health Assessment.

DOCUMENT TYPE POLICY DIRECTIVE	EFFECTIVE DATE 01/09/2023	NUMBER 03.04.100	PAGE 5 OF 13
-----------------------------------	------------------------------	---------------------	--------------

- g. Assessing for disabilities and arranging for any necessary accommodations or medical details as set forth in PD 04.06.160 "Medical Details and Special Accommodation Notices."

Note: Hearing assessments shall be conducted as set forth in PD 04.06.156 "Deaf and/or Hard of Hearing Prisoners."

CC. The following also shall be completed for each prisoner within 14 calendar days after arrival at a reception facility, unless otherwise determined by the BHCS Administrator or designee:

1. Provide health education and counseling on HIV and hepatitis as required by PD 03.04.120 "Control of Communicable Bloodborne Diseases" including information on prevention and the risks associated with exposure.
2. Provide the Patients Authorization for Disclosure of Health Information (CHJ-121).
3. Referral to QHP specific to identified prisoner needs.
4. Identify any substance use disorders and provide acute treatment as requested by the QHP.
5. In accordance with MCL 791.233D, a valid DNA sample shall be collected from all prisoners, including probationers in SAI unless a valid sample has already been collected pursuant to the DNA Identification Profiling System Act MCL 28.171 - 28.176. This does not include prisoners assigned to custodial supervision under the Holmes Youthful Trainee Act (HYTA). Consent is not required to collect the sample. A DNA Sample–Collection Record form (CHJ-269) shall be completed documenting the prisoner's compliance with or refusal to provide the sample. The Department is not required to give the prisoner an opportunity for a hearing or obtain a court order before collecting the sample. Any sample collected must be submitted to the Michigan State Police pursuant to the DNA Identification Profiling System Act. If a prisoner refuses to allow staff to collect the sample and after consultation with the Warden, Health Care staff determines that the sample cannot be collected without undue danger to staff or the prisoner, appropriate Health Care staff shall contact the CMO, who shall consult with the appropriate Deputy Director to obtain further direction on how to proceed. If the Deputy Director determines that force shall be used to collect the sample, the Warden shall ensure custody staff is available to assist in collecting the sample in accordance with the requirements set forth in PD 04.05.110 "Use of Force."

DD. All female prisoners (excluding those that are already confirmed to be pregnant) must be tested for pregnancy at intake. The following guidelines shall be followed:

1. All female prisoners under 55 years of age, unless physical exam and/or documentation make pregnancy impossible (i.e., previous hysterectomy), must have a pregnancy test upon arrival to Women's Huron Valley Correctional Facility (WHV). Female prisoners who are pregnant shall be provided information on specific health services available related to their pregnancy (e.g., prenatal care).
2. All female prisoners who have a negative initial pregnancy test shall have an additional test performed 14 business days later to confirm they are not pregnant.
3. The appropriate Medical Provider and CMO shall be informed if any prisoner eligible for a pregnancy test refuses. The refusal shall be documented in the prisoner health record.

SERVICES PROVIDED AT ANNUAL HEALTH CARE SCREENING

EE. Health Care staff shall schedule an annual health care screening appointment for each prisoner in an MDOC facility within 30 calendar days before or after the prisoner's birthday, unless the prisoner is in SAI. Prisoners who are not seen on the scheduled day shall be rescheduled within the 30 calendar day period. A prisoner who does not attend the subsequent health care screening appointment shall be rescheduled and seen by a Medical Provider to discuss the reason for the screening and to sign a release of responsibility if the prisoner declines the screening. Prisoners who are hospitalized at the time of their

DOCUMENT TYPE POLICY DIRECTIVE	EFFECTIVE DATE 01/09/2023	NUMBER 03.04.100	PAGE 6 OF 13
-----------------------------------	------------------------------	---------------------	--------------

regularly scheduled annual health screen may have the time adjusted as necessary.

FF. The health status of the prisoner at the time of the annual health care screening shall be documented by a Registered Nurse (RN) or Licensed Practical Nurse (LPN) in the prisoner's health record and the prisoner referred as necessary to the appropriate QHP/QMHP as indicated by the screening. The screening shall include the following:

1. Recording vital signs, including weight.
2. TB screening, counseling, and education as set forth in PD 03.04.115 "Control of Tuberculosis in Prisoners."
3. Screening and education for scabies infestation.
4. Reviewing the continued need for any currently valid accommodations and medical details issued pursuant to PD 04.06.160 "Medical Details and Special Accommodation Notices."
5. Reviewing the status of all vaccines.
6. Providing health education and counseling on HIV, hepatitis, and scabies as required by PD 03.04.120 "Control of Communicable Bloodborne Diseases" including information on prevention and the risks associated with exposure.
7. Referral to an appropriate QHP/QMHP, if indicated; e.g., urgent/emergent issues, age-appropriate screening.
8. Reviewing the Patient's Authorization for Disclosure of Health Information (CHJ-121).
9. Reviewing hearing concerns/changes.

CHRONIC CARE SERVICES

GG. Prisoners with chronic diseases or disorders as set forth in the chronic care guidelines approved by the CMO shall be provided health care services for chronic diseases or disorders as needed. Prisoners who are seen for chronic care shall be identified in the prisoner's health record.

COSMETIC, CORRECTIVE, AND RECONSTRUCTIVE SURGERY SERVICES

HH. Cosmetic or aesthetic surgery is focused entirely on enhancing a person's appearance, treating areas that function properly. Corrective surgery is a term that is often applied to surgical procedures that address complications or poor results from previous cosmetic surgery, sometimes used to mean reconstructive surgery, and is also used for procedures to correct vision/eye abnormalities and sleep apnea. Reconstructive surgery is a surgical procedure to reform body structures affected aesthetically or functionally by congenital/developmental abnormalities, trauma, or disease. It may be performed to improve functionality.

II. Cosmetic, corrective, and reconstructive surgery shall be authorized for a prisoner only if determined medically necessary and only if approved by the CMO. It shall not be approved if the sole purpose is to improve appearance.

JJ. Before referring a prisoner for cosmetic, corrective, or reconstructive surgery, the Medical Provider shall monitor the prisoner's condition for an appropriate period of time to establish the actual degree of disability or dysfunction. The feasibility of cosmetic, corrective, or reconstructive surgery shall be evaluated to determine whether to make a referral. This shall include evaluating the expected improvement in the prisoner's level of functioning, any risks and their probabilities, and available non-surgical treatment alternatives.

MENTAL HEALTH SERVICES

KK. Mental health services shall be provided to prisoners in accordance with PD 04.06.180 "Mental Health

DOCUMENT TYPE POLICY DIRECTIVE	EFFECTIVE DATE 01/09/2023	NUMBER 03.04.100	PAGE 7 OF 13
-----------------------------------	------------------------------	---------------------	--------------

Services" and PD 04.06.183 "Involuntary Treatment of Mentally Ill Prisoners" when any of the following circumstances occur:

1. A referral is made by an appropriate QHP after assessment at intake, transfer into the facility, at the ambulatory care clinic, during segregation or other rounds, or at the annual health screening.
2. A prisoner requests mental health services. The request shall be referred to a QMHP within 24 hours after receipt of the request by health care services.
3. A referral is made by a Department employee based on the prisoner's behavior. The Mental Health Services Referral form (CHX-212) shall be used for this purpose and referred to a QMHP within two hours after receipt by health care services.
4. Follow-up care as determined appropriate by a QMHP.
5. The prisoner is a reported victim or perpetrator of sexual abuse that occurred while in an institutional setting in accordance with PD 03.03.140 "Sexual Abuse and Sexual Harassment of Prisoners - Prison Rape Elimination Act (PREA)."

DENTAL SERVICES

- LL. Prisoners shall be provided dental services in accordance with PD 04.06.150 "Dental Services" through any of the following:
1. Referral by a QHP for emergent or urgent dental conditions described in PD 04.06.150 "Dental Services" after assessment at intake, transfer into the facility, at the ambulatory care clinic, or at the annual health screening.
 2. Prisoner request for dental services.
 3. Referral to a dental specialist by the primary dentist.
 4. Follow-up as determined appropriate by the primary dentist.

ANCILLARY SERVICES

- MM. Health Care staff shall ensure that necessary ancillary services are provided to prisoners as ordered by a Medical Provider. The services may be provided on-site or off-site and may include:
1. Pharmacy services.
 2. Laboratory services.
 3. Radiology services.
 4. Physical therapy services and other therapies such as occupational and speech.
 5. Dietary services that shall include evaluation by a registered dietician for special or therapeutic diets.
 6. Optometric services as set forth in PD 04.06.165 "Optometric Services."
 7. Audiology services.

ADDITIONAL SERVICES

- NN. Health Care staff shall ensure that necessary additional services are provided as ordered by a Medical Provider. Additional services that are available include the following:
1. Specialty service appointments. Within three business days, the scheduler shall contact the

DOCUMENT TYPE POLICY DIRECTIVE	EFFECTIVE DATE 01/09/2023	NUMBER 03.04.100	PAGE 8 OF 13
-----------------------------------	------------------------------	---------------------	--------------

specialist to schedule an appointment after receipt of an approved referral. If an appointment cannot be scheduled within the timeframe indicated, the scheduler must notify the ordering Medical Provider. The Medical Provider must complete, at a minimum, a chart review of the prisoner every 30 calendar days leading up to the offsite evaluation.

2. Routine medical/surgical inpatient care, long-term inpatient care, choices services (hospice services and palliative care), and rehabilitative services. This care shall be obtained through the Duane L. Waters Health Center (DWH), an approved local hospital including a secure unit hospital, medical center, or correctional facility when available and medically appropriate.
3. Hospital-based outpatient diagnostic or therapeutic services. These services shall generally be scheduled at DWH, an approved local hospital including a secure unit hospital, or a medical center. If the prisoner is housed more than 90 miles from DWH, local services shall be used so long as there are no overriding custody concerns. Decisions on the appropriateness of the site shall be made in consultation with the health care contracted provider.
4. Long-term care. This care shall be provided in units established to provide such care.

OUTSIDE HEALTH SERVICES AT PRISONER'S EXPENSE

- OO. While the Department is responsible for providing prisoners with medically necessary health care services, prisoners may be allowed to receive additional off-site health services by an outside QHP for those services that the Department determines do not meet the standard of medical necessity with prior approval of the Warden after consultation with the CMO or ACOMO. A request that poses a custody and security concern shall be denied, including if custody coverage is unavailable. If approved, the Warden is responsible for approving all security measures. Telemedicine shall not be utilized for outside health services.
- PP. Custody coverage shall be provided on a volunteer basis only by qualified corrections officers who are not assigned to the regular shift for which the coverage is required and who are not related to the prisoner by blood or marriage. Officers shall be compensated in accordance with Civil Service Commission rules and the Department of Technology, Management and Budget Standardized Travel Regulations. Receipts for all expenses, including meals, shall be required for officer reimbursement. Pay shall be only for actual hours worked. Each officer shall be fully paid for custody coverage on the next regular payroll.
- QQ. If a prisoner is approved to receive health services by an outside QHP, the prisoner is responsible for all costs, including any costs for transportation and custody coverage. The estimated costs must be paid in full, and adequate funds must be encumbered in the prisoner's trust account, before receiving the approved health care service. Approval shall be withdrawn if verification is not received before the scheduled visit that payment has been made in full and that the prisoner has sufficient funds in their account to pay the costs. The actual cost shall be calculated after the prisoner has returned. If the actual cost is less than the estimated cost, the difference shall be refunded. If subsequent treatment or testing is approved by the Warden after consultation with the CMO, the prisoner shall be advised before the treatment or testing that they will be responsible for all costs of the subsequent treatment and testing, including any costs resulting from complications arising from the treatment or any follow-up therapies.
- RR. Before being seen by an outside QHP, the prisoner must provide a signed release authorizing the QHP to review relevant portions of the prisoner's physical health file. The prisoner also must supply a written agreement from the QHP to comply with any security measures required, to furnish the Department with a written summary of the findings and any recommendations, and to not provide or order treatment or further testing without prior approval of the Warden after consultation with the appropriate CMO. After receipt, appropriate Health Care staff shall review the written summary provided by the QHP with the prisoner and document the summary in the prisoner health record.
- SS. The outside QHP shall be viewed as a consultant only. Responsibility for the case management of a prisoner rests with BHCS. The Department assumes no liability for approving a request to receive outside medical services or for any outside medical services provided.

PRISONER REQUESTS FOR ROUTINE HEALTH SERVICES

DOCUMENT TYPE POLICY DIRECTIVE	EFFECTIVE DATE 01/09/2023	NUMBER 03.04.100	PAGE 9 OF 13
-----------------------------------	------------------------------	---------------------	--------------

- TT. Prisoners shall submit a Health Care Request (CHJ-549) to request routine health care services, including reassessment of the need for an assistive device or other service provided to the prisoner to meet their medical needs. Housing unit staff shall assist illiterate prisoners and others who are unable to complete the form. A locked container shall be provided that is easily accessible to all general population prisoners in which they can place the form for all health-related issues. These containers shall be opened only by Health Care staff. Health Care staff shall collect the forms at least daily. Every form received shall be date stamped by appropriate Health Care staff along with the initials of the person that triaged the form. The CHJ-549 shall be entered into the Prisoner Health Record noting the presenting complaint within one business day of receipt.
- UU. An appropriate QHP shall triage the information presented on the Health Care Request (CHJ-549) as soon as possible but no later than one business day after initial receipt by Health Care staff. Requests shall be addressed as follows:
1. For conditions that could be emergent, schedule the prisoner to be seen immediately by an appropriate QHP.
 2. For conditions that could be urgent, schedule the prisoner to be seen by an appropriate QHP no later than the next business day.
 3. In all other cases, provide the prisoner with a written response and an appointment, if appropriate, within five business days after receipt of the request. For medication issues, the matter may be referred to a Pharmacy Assistant or LPN to take appropriate action. For health record information, the matter may be referred to a Health Information Manager or designee.
- VV. In all cases, whenever a prisoner is referred to a Medical Provider for a routine matter, the Medical Provider shall see the prisoner within five business days of the referral.

REQUESTS FOR URGENT/EMERGENT HEALTH SERVICES

- WW. Wardens shall ensure that telephone numbers necessary for the provision of emergency health care are readily available to appropriate staff at their facility. On-duty Health Care staff shall ensure that the facility's Control Center is aware of how to contact them at all times. Staff shall respond in accordance with PD 03.04.125 "Medical Emergencies" whenever a person is determined to be in need of emergency medical attention.
- XX. Any prisoner who believes they have an urgent/emergent health condition may request health care services by notifying staff of the problem that they believe requires an immediate health care visit. The staff person shall contact health care services and convey the prisoner's request, regardless of the prisoner's custody status or the time or day of the request. Staff shall similarly contact health care services whenever they believe that a prisoner may have an urgent/emergent health condition even if the prisoner has not requested a health care visit. Staff shall document all contacts with Health Care in the appropriate assignment logbook. The log entry shall include the name of the Health Care staff member that was contacted. The contact shall be responded to as soon as possible by one or more of the following methods, as determined by the QHP:
1. The prisoner shall be allowed to speak directly to the QHP by telephone.
 2. The prisoner shall be allowed to go to the health services area.
 3. The QHP shall go to the prisoner's location to conduct an assessment.
 4. The prisoner shall be sent to the nearest medical emergency department.
- YY. Staff may contact the facility's on-call Medical Provider for urgent health care complaints made by prisoners. If the on-call Medical Provider cannot be reached, the Regional Medical Director for the health care contracted provider shall be contacted. When warranted and possible, the Medical Provider shall speak directly to the prisoner when making a telephone evaluation.
- ZZ. Prisoners who require urgent care shall be sent to a local hospital or local emergency clinic if a QHP

DOCUMENT TYPE POLICY DIRECTIVE	EFFECTIVE DATE 01/09/2023	NUMBER 03.04.100	PAGE 10 OF 13
-----------------------------------	------------------------------	---------------------	---------------

determines necessary services cannot be provided at the facility. An ambulance shall be used whenever deemed necessary by appropriate Health Care staff.

- AAA. A Prisoner Injury Report (CSJ-156) shall be completed for all prisoner injuries. Any prisoner who is involved in a physical altercation shall be evaluated immediately or as soon as possible by a QHP even if they refuse treatment.
- BBB. A prisoner, who is alleged to have been sexually abused less than 96 hours previously and where forensic evidence may be present, shall be transported to a local hospital for a forensic medical examination. A victim advocate shall be made available in accordance with Paragraphs FFF - KKK. Prisoner victims of sexual abuse shall be provided treatment services without financial cost to the prisoner.
- CCC. Facilities shall offer medical and mental health evaluations and treatment that is determined medically necessary to prisoners who have been victimized by sexual abuse. Female prisoner victims of sexual abuse shall be offered a pregnancy test. Prisoner victims of sexual abuse, while incarcerated, shall be offered tests for sexually transmitted diseases as deemed medically appropriate. Treatment for services shall be provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with any investigation.
- DDD. A prisoner who has been treated off-site for an urgent or emergent condition shall be seen by an RN for follow-up no later than the next business day or, if hospitalized, no later than the business day following their return to the facility. The RN shall consult with the on-call or on-site Medical Provider as necessary to ensure that the prisoner's health care needs are met. The RN shall respond by taking one of the following actions, as deemed appropriate:
 - 1. Schedule the prisoner for an appointment no later than the next business day with a Medical Provider.
 - 2. Schedule a chart review by a Medical Provider to be completed within five business days after the prisoner's return to the facility.
- EEE. Each Health Care clinic shall document any urgent/emergent prisoner contact in the electronic health record. This shall include all phone contacts and radio contacts.

VICTIM ADVOCACY SERVICES:

- FFF. A victim advocate is a qualified staff member from an outside agency trained to serve in the role of a victim advocate for prisoner victims of alleged sexual abuse and has received education regarding sexual abuse and forensic examination issues. When an outside agency is not available to provide a victim advocate, a properly trained employee from the MDOC may serve in the role of a victim advocate.
- GGG. The Department is responsible for ensuring a victim advocate is available to perform advocacy services to all victims of sexual abuse alleged to have occurred within the past 96 hours.
- HHH. Each correctional facility shall attempt to contact local rape crisis centers to provide victim advocacy services.
- III. If a rape crisis center is not available to provide advocacy services, Facility staff shall contact the hospital at which the prisoner will be transported to request the hospital provide an advocate to the prisoner upon the prisoner's arrival.
- JJJ. If the hospital cannot provide an advocate, the facility shall make available a qualified medical/mental health staff member or qualified staff member who has volunteered to provide advocacy services.
- KKK. As requested by the victim, the victim advocate shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referral.

SICK CALL ACCESS

DOCUMENT TYPE POLICY DIRECTIVE	EFFECTIVE DATE 01/09/2023	NUMBER 03.04.100	PAGE 11 OF 13
-----------------------------------	------------------------------	---------------------	---------------

- LLL. Health Care staff shall provide prisoners with access to sick call through ambulatory care clinics, in a unit clinic area as appropriate. Access shall be permitted by request of the prisoner or staff, including requests made during rounds.
- MMM. Sick call shall be available to prisoners through an ambulatory care clinic at least five days per week. Prisoners who appear for a scheduled clinic visit but are not seen on that day will be seen at the next clinic without having to resubmit a written request for services. Any prisoner seen for the same symptoms/clinical findings three times in a 30 calendar day period shall be referred to a Medical Provider. This does not preclude staff from referring sooner if medically necessary. However, if a Medical Services Advisory Committee guideline addresses the issue (e.g., special accommodation request for a bottom bunk, cotton blanket, and specialized shoes) it shall first be determined whether the prisoner meets the requirements of the guideline.

FAILURE TO REPORT FOR A SCHEDULED HEALTH SERVICES APPOINTMENT

- NNN. Health Care staff shall follow-up on all appointments for which the prisoner failed to report (no show). If rescheduling is necessary, the prisoner shall be seen by an appropriate QHP within a time frame appropriate to the prisoner's condition. A misconduct report may be written on a prisoner who misses an appointment, when appropriate.
- OOO. If a prisoner is scheduled for treatment and chooses not to receive the treatment, that decision shall be documented as set forth in PD 03.04.105 "Informed Consent to Medical Care." Continued treatment shall be provided in accordance with PD 03.04.105. However, the prisoner shall be seen by a Medical Provider within a time frame appropriate to the prisoner's condition for counseling about the importance of having their health care needs addressed. Health Care staff shall continue to schedule the prisoner for necessary chronic and follow-up care, annual health assessments, and counseling on the importance of these visits even though there is documented refusal of treatment for previous appointments.

HEALTH EDUCATION AND COUNSELING

- PPP. Health Care staff shall take an active role in providing instruction and information to prisoners for self-care, including the following:
1. All prisoners shall be provided with health education and wellness information at the time of the prisoner's intake, annual health screening, and as clinically appropriate.
 2. Patient education regarding TB, hepatitis infection, HIV/AIDS infection, and scabies shall be given to each diagnosed prisoner at the time test or evaluation results are provided to them and as necessary throughout the course of the prisoner's illness. Counseling also shall be provided to the prisoner as determined necessary by Health Care staff.
 3. Each prisoner shall be instructed by Health Care staff regarding the advantages and risks of vaccinations, medications, and other treatments before they receive them.
 4. Health Care staff shall provide appropriate patient education to all prisoners with a chronic disease regarding the disease or illness during chronic care clinic visits.
 5. All prisoners who are discharging from an inpatient unit shall receive education regarding their condition and necessary follow-up.
 6. Prisoners will be given the Patient's Authorization for Disclosure of Health Information (CHJ-121).

SEGREGATION

- QQQ. Health Care staff shall make rounds in segregation units as set forth in PD 04.05.120 "Segregation Standards" and PD 04.06.182 "Mentally Disabled Prisoners in Segregation." During rounds, Health Care staff shall visit each prisoner, collect written requests for health care services, and follow up on any health care concerns. The presence of Health Care staff shall be announced in the unit and documented in the unit's logbook.

DOCUMENT TYPE POLICY DIRECTIVE	EFFECTIVE DATE 01/09/2023	NUMBER 03.04.100	PAGE 12 OF 13
-----------------------------------	------------------------------	---------------------	---------------

INTER-INSTITUTIONAL TRANSFERS

- RRR. The BHCS Administrator shall ensure that an Onsite Health Care Services Grid identifying the health care services and special accommodations available at each facility is maintained and available to Health Care and facility staff. Prior to transfer to another facility, prisoners shall be medically cleared for the transfer consistent with the Onsite Health Care Services Grid and in accordance with PD 05.01.140 "Prisoner Placement and Transfer." Clearance codes shall be updated before the transfer, as necessary.
- SSS. Health Care staff shall complete routine requests for medical clearance for transfer within three business days after receiving the request. Urgent requests for medical clearance for transfer shall be addressed during the shift in which the request is received or as soon thereafter as possible.
- TTT. Prisoners shall be seen by an RN or LPN as soon as possible but no longer than 24 hours after arrival at a correctional facility. The RN or LPN shall do all of the following:
1. Observe and interview the prisoner.
 2. Review the prisoner's health record.
 3. Complete transfer screening.
 4. Ensure that the prisoner has the necessary medications and special accommodations.
 5. Provide orientation to the medical program at the facility. Special instructions, if appropriate, shall be given to a prisoner enrolled in the chronic care clinic program.
 6. Schedule appropriate referrals, including as needed to ensure that prescription medication is available to the prisoner and continued or discontinued, as appropriate.

HEALTH SERVICES ROUNDS/SITE VISIT REQUIREMENTS

- UUU. The purpose of health services administrative rounds is to allow administrative staff the ability to observe the day-to-day operations of staff, the overall conditions of the area, and to promote the visibility of supervisors and management throughout health services and all related areas including infirmaries and mental health units (e.g., RTP, ASRP). Health Services Administrative Rounds shall be documented in the logbook for each area visited. Rounds/site visits shall be conducted in accordance with Paragraphs VVV - XXX.
- VVV. The Health Service Administrator, AHSA, Dental Director, and the Mental Health Service Director shall visit and make rounds at all sites at least one time per year.
- WWW. The DON and Assistant Mental Health Directors shall visit their designated sites at least quarterly.
- XXX. Staff are prohibited from alerting other staff members that unannounced supervisory rounds are occurring unless such an announcement is related to the legitimate operational functions of the facility. Rounds must be logged in the appropriate logbook.

HEALTH SERVICES PRIOR TO RELEASE

- YYY. Prior to a prisoner paroling or discharging, Health Care staff shall provide the prisoner with HIV and hepatitis health education/disease prevention information. Prior to discharge, the prisoner shall be tested for HIV and Hepatitis virus if these labs were not previously obtained or the prisoner requests to have them checked as set forth in PD 03.04.120 "Control of Communicable Bloodborne Diseases." Wardens shall ensure that a valid DNA sample is taken from the prisoner prior to discharge or parole as set forth in PD 03.01.135 "Discharge/Termination of Sentence," unless one was previously provided.

PROCEDURES

- ZZZ. If necessary, to implement requirements set forth in this policy directive, the BHCS Administrator shall

DOCUMENT TYPE POLICY DIRECTIVE	EFFECTIVE DATE 01/09/2023	NUMBER 03.04.100	PAGE 13 OF 13
-----------------------------------	------------------------------	---------------------	---------------

ensure that procedures are developed/updated.

AUDIT ELEMENTS

AAAA. A Primary Audit Elements List has been developed and is available on the Department's Document Access System to assist with self-audit of this policy pursuant to PD 01.05.100 "Self-Audits and Performance Audits."

APPROVED: HEW 12/21/2022